



HON. JOANNE CUNNINGHAM
CHAIRWOMAN

ALBANY COUNTY LEGISLATURE

NECOLE M. CHAMBERS
CLERK

HON. WANDA WILLINGHAM
DEPUTY CHAIRWOMAN

HAROLD L. JOYCE
ALBANY COUNTY OFFICE BUILDING
112 STATE STREET, ROOM 710
ALBANY, NEW YORK 12207
ALBANYCOUNTYNY.GOV/LEGISLATURE

MARCIA GODDARD
FIRST DEPUTY CLERK

2026 Legislative Grant Acknowledgement Form

Applicant Name: _____

Applicant Address: _____

Applicant Phone Number: _____

Requested Award Amount: _____

Description of Proposal:

Contact Person for Proposal: _____

1. The Applicant acknowledges that funding awarded pursuant to this Grant shall be provided on a reimbursement basis. The Applicant shall conduct the program provided for under their Proposal, and submit expense reports to the County for reimbursement on a semi-annual basis, pursuant to the Grant Application.
2. The Applicant acknowledges that purchases of equipment whose price exceeds three hundred (\$300.00) dollars are not eligible for reimbursement under this grant award.
3. The following categories of expenses are not eligible for reimbursement under this Agreement unless explicitly authorized by written approval from the Legislature:
 - a. Employee Compensation
 - b. Capital Equipment
 - c. Capital Repairs
 - d. Operating Expenses (organization utilities, payroll, insurance, wi-fi, websites, or office rent).
 - e. Expenses not explicitly contracted for.
4. The Applicant acknowledges they have read, and have agreed to comply with, the Albany County Legislative Grant Policies and Procedure Guide.
5. Services and expenses incurred for projects outside of Albany County are not eligible for reimbursement through the Grant.
6. Organizations awarded grant funding will coordinate with the County Legislature in all publicity for the event or project for which funds are expended.
7. The Albany County Legislature relies upon the accuracy of the information provided by the Applicant. Supporting documentation and information may be requested by the Albany County Legislature and/or its staff. Organizations awarded grant funding will comply with all such information required.
8. The Contact Person by the Applicant identified shall be required to supply the Albany County Legislature with all necessary information related to the Grant.

I, _____ (name printed) acknowledge that I am the authorized contact person for my organization and have read and agree to all information pertaining to the Albany County Grant for which I am applying, and will abide by the guidelines provided by the documents titled: 2026 Albany County Legislative Grants Frequently Asked Questions, 2026 Legislative Grant Acknowledgement Form, Albany County Legislative Grant's Policy Guidelines, and any additional information listed on the Albany County Legislature's Website.

Signature: _____

Date: _____